## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/575762

| 1   |  |   | SMALL EN            | TITY .   | •                | ОТНЕВ                          | THAN       |                     |                        |                            |                     |                        |
|---|--|---|---------------------|--|------------------|--------------------------------|------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| (Column 1) (Column 2)   |  |   |                     |  |                  |                                | TYPE       |                     |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
| U.S. NATIONAL STAGE FEES  |  |   |                     |  | <u> </u>         | ,                              | 7          | RATE                | FEE                    | 7                          | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150 |  | LARG             | GE ENT. = \$ 300               | 1          | BASIC FEE           |                        | OR                         | BASIC FEE           | 360                    |
| EXAMINATION FEE   |  |   |                     | Satisfies PCT Article 33(1). (4) = \$50 / \$100                  |                  | ther situations =              | 7          | EXAM. FEE           |                        | 1                          | ĖXAM. FEE           | 20                     |
| SEARCH FEE  |  |   | ALL other           | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                  | ther situations = 250 / \$ 500 | 1          | SEARCH FEE          |                        | 1                          | SEARCH FEE          | 44)                    |
| FE  | E FOR EXTRA  | m   | minus 100 =         |  | / 50 =           | 1                              | X \$ 125 = |                     | 1                      | X \$ 250 =                 |                     |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 9                   | minus 20 = .   |                  |                                | 1          | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| INC   | EPENDENT C   | LAIMS                                     |                     | minus 3 =  | •                |                                | 1          | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MU  | LTIPLE DEPE  | NDENT CLAIM PR                            | RESENT              | SENT   |                  |                                |            | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                     |  |                  |                                | _          | TOTAL               |                        | OR                         | TOTAL               |                        |
| 1   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                     |  |                  |                                |            | SMALL E             | NTITY                  | OR                         | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                     | HIGHE<br>NUME<br>PREVIO<br>PAID F                                | IER<br>USLY      | PRESENT<br>EXTRA               |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 9                                       | Minus               | - 2  | 0                | = <i>(</i> )                   |            | X \$ 25 =           |                        | OR                         | X \$ 50 =           | $\bigvee$              |
|   | Independent  | . /                                       | Minus               | - 3  | }                | = <i>O</i>                     |            | X \$ 100 =          |                        | OR                         | X \$ 200 =          | $\land$                |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                     |  |                  |                                |            | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   | •  |   |                     |  |                  |                                |            | TOTAL ADDIT.<br>FEE |                        | ÖR                         | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)                                |                     | (Colum   | a 2\             | (Column 3)                     |            |                     | -                      |                            | •                   |                        |
| 윘   |  | CLAIMS REMAINING AFTER AMENOMENT          |                     | HIGHE<br>NUMB<br>PREVIOL<br>PAID F                               | ST<br>ER<br>JSLY | PRESENT<br>EXTRA               |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus .             | ••   |                  | =                              |            | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent  | •   | Minus               | ***  |                  | =                              |            | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                     |  |                  |                                |            | +\$ 180 =           |                        | OR                         | + \$ 360 =          |                        |
|   |  |   |                     |  |                  |                                |            | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                     |  |                  |                                |            |                     |                        |                            |                     |                        |